

No. C 142115

Due no later than January 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CHERRY LANE FAMILY CLINIC, P.A.
TAMI JO MCHUGH
9387 N SNAFFLE BIT LN
KUNA, ID 83634

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KUNA, ID 83634

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Timothy McHugh	9387 N. Snaffle Bit Ln,	Kuna	10	83634
VP	Tami McHugh	same	✓	✓	✓

5. Organized Under the Laws of:

IDAHO
C 142115

6.

Signature

Tami McHugh

Date

11/14/06

Name

(Typed or
Printed)

Tami McHugh

Title

VP